

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- 7773	2. Fiscal Year Covered From: 11/01/2004 Through: 12/31/2004
3. Name and address of person filing. Name Howard L. Ritchie Jr.	4. Name, file number, and address of labor organization. Name INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS Labor Organization File Number 000-116
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 1619
Street 12106 LONG RIDGE LANE	Street 900 7TH STREET N.W.
City BOWIE	City WASHINGTON, D.C.
State MARYLAND	State DIST. OF COLUMBIA ZIP Code + 4 20715 ZIP Code + 4 20001
5. Position in labor organization. INTERNATIONAL REPRESENTATIVE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____
	7.b. Amount. _____

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Howard L. Ritchie Jr.

On **08-09-05**
Date

202-728-6074
Telephone Number

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: **SUITE 335**

Street: **4300 EVERGREEN LANE**

City: **ANNANDALE**

State: **VIRGINIA** ZIP Code + 4: **22003**

SIGNED STATEMENT WITH CASH

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

I ATTENDED the APPRENTICE GRADUATION Ceremony AND DINNER WITH MY WIFE AS AN INVITED GUEST. (Both of us) AT MARTIN'S Crosswinds in Greenbelt MD. 06/05/2004

12.b. Amount. **\$ 100. -**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment. _____

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrence for the period of January 1, 2004 to December 31, 2004.

Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted.

Date: 08-09-2005

Signature: Howard L. Ritchey